

## SECTION 7.10 EMPLOYEE INFORMATION AND CHECKLIST

Last Update: 5/11

### Introduction to Employee Orientation Checklist

The following is an overview to provide supervisors guidance about areas that should be covered during new employee orientation. Agencies deliver diverse services to the citizens of Iowa. There may be specialized information which need only be presented to employees who work for a particular agency or work unit. Some items included on the New Employee Orientation Checklist may not be applicable and other items specific to the agency or work unit may need to be added. The New Employee Orientation Checklist should be customized to fit the agency or work unit's needs.

As employees are presented information, both trainer and employee need to date column 1 and initial column 2 of the checklist. This will create a permanent record of the orientation progress and contacts for questions that may arise.

Questions regarding the appropriateness of information presented during the orientation process should be addressed to the agency's personnel officer.

The New Employee Checklist was developed originally by the Department of Human Services to assist supervisors in ensuring that new employees were given information about benefits, pay, statewide/agency/institutional policies, and how their duties relate to the departmental goals and mission.

### Checklist for New Employee Orientation

<i>Employee</i>	<i>Position</i>	<i>Hire Date</i>
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Note: (1) and (2) below should be completed by new employee; (3) and (4) should be completed by the trainer, supervisor, or other person who provides the information to the new employee.

(1) Date Completed	(2) Employee Initials	(3) Date Completed	(4) Trainer Initials	TOPICS	NOTES
				<b>Prior to Starting Work</b>	
–	–			Send Letter of Job Offer	
–	–			Receive Confirmation of Job Acceptance	
–	–			Perform Criminal/Background Check	
				Complete Security Access Forms	
				Complete the following, if applicable:	
				Confidential Personal Data Sheet	
				Federal and State Withholding Forms (W-4)	
				I-9 Verification Form	
				Other:	
				<b>Welcome</b>	
–	–			Greet Upon Arrival	
				Welcome Package	
				Introductions to Team	
				Supervisor's Office	
				Appointing Authority's Office	
				Other:	
				<b>Tour of Work Area</b>	
				Cafeteria and/or Local Restaurants	
				Coat Closet	
				Computer Support Staff	
				Desk/Work Area	

			Emergency Routes (Tornado/Fire)	
			Fire Extinguisher	
			Parking	
			Personnel Assistant's Office	
			Restrooms	
			Supply Area	
			Telephones	
			Time Clock/Sign Out Board	
			Vending/Break Room	
			Water Cooler/Fountain	
			Work Area	
			Other:	
			<b>Policies and Procedures</b>	
			Acknowledgement of Drivers License Requirements	
			Agency-Specific <u>Code of Iowa</u> Sections	
			Americans with Disabilities Act	
			Application for Parking and/or after Hours Building Pass	
			Catastrophic Leave Policies (Employee and Family)	
			Cellular Telephone Policy	
			Confidentiality	
			Dress Code	
			Email Policy	
			Employee Handbook and Acknowledgement – Agency-Specific	
			Employee Handbook and Acknowledgement – State of Iowa	
			Equal Opportunity, Affirmative Action, and Anti-Discrimination Policy	
			Family and Medical Leave Act	
			Gift Law	
			ID Card	
			Institutional Employee Handbook and Acknowledgement	
			Internet Policy	
			License Requirements (CDL, Law, Nursing, etc.)	
			Notification of Conviction/Violation of Motor Vehicle Law	
			OSHA Requirements	
			Safety/Security-Physical, Personal, Computer, etc	
			Smoking Policy	
			State Car Usage	
			Substance Abuse Policy and Acknowledgement Form	
			Telecommuting/Flexible Schedule Policy	
			Use of State Property	
			Violence-Free Workplace Policy and Acknowledgement	
			Worker Right to Know (Hazardous Chemicals)	
			Other:	
			<b>Hours of Work and Pay Information</b>	
			Breaks and Meal Periods	
			Collective Bargaining – which one and who to contact	
			Direct Deposit Options	
			Holiday Pay	
			Leave Application and Usage (Vacation, Sick Time, etc.)	
			Overtime/Compensatory Time	
			Salary/Pay Dates/Increases	
			Time Cards/HRIS	
			Work Hours/Scheduling	
			Other:	
			<b>Benefits</b>	

			American Express Corporate Card	
			Benefit Guide Book	
			Credit Union	
			Deferred Compensation Plan	
			Dependent Care IowaBenefits Self-Service Enrollment Website: <a href="http://benefits.iowa.gov">http://benefits.iowa.gov</a>	
			Employee Assistance Program (EAP)	
			Health and Dental Insurance Info., IowaBenefits Self-Enrollment Website: <a href="http://benefits.iowa.gov">http://benefits.iowa.gov</a>	
			Health Flexible Spending Accounts IowaBenefits Self-Service Enrollment Website: <a href="http://benefits.iowa.gov">http://benefits.iowa.gov</a>	
			IPERS Information and Forms	
			Life/LTD Insurance information and form	
			One Gift	
			Pre-Tax Premium Conversion Program Form	
			Workers' Compensation	
			Other:	
			<b>Organizational Overview</b>	
			Acronyms of Agency/Institution	
			Customer Service	
			Department of Administrative Services	
			History of Agency/Institution	
			Mission and Vision of Agency/Institution	
			Service Areas of Agency/Institution	
			Table of Organization	
			Work Unit	
			Other:	
			<b>Performance and Goals</b>	
			Employment Status: At-Will	
			Employment Status: Bargaining	
			Employment Status: Merit/Non-Merit	
			Performance Evaluation System (Individual Performance Plan)	
			Position Description/Duties/Essential Functions	
			Probationary Period	
			Promotion Process	
			Strategic Plan Relationship to Position	
			Other:	
			<b>Training and Development</b>	
			PDS Catalog of the Department of Administrative Services – Human Resources Enterprise	
			Questions	
			Trainer/Mentor/Partner	
			Training/Development Plan	
			Training Requirements/Minimum Yearly	
			Other:	

Your signature below indicates you have received the above information. Questions regarding this material should be directed toward your supervisor or the person who provided the information to you. Please note, failure to sign your insurance forms or enroll via IowaBenefits within thirty (30) days of your employment date will prohibit you from enrolling for health insurance coverage until the next annual benefits enrollment and change period, unless you experience a qualified life event and the benefit change is consistent with the event. YOU WILL NOT BE ELIGIBLE FOR DELTA DENTAL INSURANCE IF YOU DO NOT ENROLL WITHIN THIRTY (30) DAYS OF YOUR EMPLOYMENT DATE.

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*Employee's Signature*

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*Date*

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*Management Representative Signature*

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*Date*